NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1,53(b)

[] Duplicate (check, if applicable)

MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket No.: 9448-143US (G0272)
First Named Inventor: Masamichi AOKI
Express Mail Label No.: EV247366035US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

IMAGE FORMING APPARATUS

WillC	11 18.	
an	[X]	Original; or
a		Continuation, [] Divisional, or [] Continuation-in-part (CIP) or Application No filed
	Antici	pated Group/Art Unit: or Class, Subclass
[]		on-provisional patent application is based on Provisional Patent Application No. filed
Enclo	osed are:	
	[X]	Specification (including Abstract) and claims: 18 pages.
	[X]	5 sheets of drawings (formal).
	[]	Application Data Sheet.
,	[X]	Newly executed Declaration (original).
·	[]	Copy of Declaration from prior application.
	[]	Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
· .	[]	Microfiche computer program (Appendix).
		Nucleotide and/or Amino Acid Sequence Submission, including:
		[] Computer readable copy [] Paper Copy [] Verified Statement.
	[X]	Under PTO-1595 Cover Sheet, an assignment of the invention
	[X]	Name of Assignee: Oki Data Corporation
	[X]	Certified copy of Japanese Application No. 2003-027864 filed February 5, 2003 is filed: [X] herewith or [] in prior application
		Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as [] an Independent Inventor, or [] a Small Business Concern, or [] a Non-Profit Organization.
	[]	Preliminary Amendment.
; · · · · · · · · · · · · · · · · · · ·	[]	Information Disclosure Statement, PTO/SB/08A, and cited references.
	.[] ·	Request for Nonpublication of Application Under 35 U.S.C. §122(b)
	[]	Other:



The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. FILED NO. EXTRA		BASIC FEE:		BASIC FEE:	
				\$375		\$750	
Total	4-20 =	0	X9	\$	OR	X18	\$
Independent	1 - 3 =	0	X42	\$	OR	X84	\$.
[] Multiple D	ependent Claim	\$140	\$	OR	\$280	\$	
	Note: 1 to 1 t	We consider the constant of th	TOTAL	\$	OR	TOTAL	\$ 750.00

- The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- A check in the amount of \$\frac{750}{.00}\) to cover the filing is enclosed. [X]
- The Commissioner is hereby authorized to charge and/or credit Deposit Account [X]No. 50-1017 (Billing No. 209448.0143) as noted below. A duplicate copy of this sheet is enclosed.
 - Any overpayments or deficiencies in the above-calculated fee. [X]
 - Filing fee in the amount of \$_____ as calculated above.
 - Any additional fees required under 37 C.F.R. § 1.16 and § 1.17. [X]
 - In the event that a Petition for Extension of Time is required during the [X]prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

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Enclosure

WWS/vj

[X] Customer Number or Bar Code Label: 000570